EVALUATION OF ON-SITE REPORT

To be completed by the Program Manager (PM) or the on-site assessment review evaluator(s) and signed by the PM

Name of assessor: | Program:

Was the assessor assessing the: management system ☐   technical competence ☐   or both ☐

Lab Name: | NVLAP Lab Code:

Date(s) of assessment: Start date   End date

Evaluation areas	*N/A (form not used in this report)*	*Current version?*		*Rate the quality of the report for questions 1-3*					
		Y	*N*	*Missing* 0	*Poor* 1	*Fair* 2	*Good* 3	*Very Good* 4	*Excellent* 5
1. For forms a) through e), as applicable: Was current version used? Is the report complete?									
a) On-Site Assessment Summary	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Signature Sheet w/Narrative Summary	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) NIST Handbook 150 Checklist	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Program-Specific Checklist	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Test Method Review Summary	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Is the report legible?					☐	☐	☐	☐	☐
3. Are nonconformities reported? Yes ☐ No ☐ If Yes, complete a) through d).									
a) Are nonconformities clearly stated?					☐	☐	☐	☐	☐
b) Are they declared against specific requirements?					☐	☐	☐	☐	☐
c) Is objective evidence identified?					☐	☐	☐	☐	☐
d) Are reported nonconformities valid?					☐	☐	☐	☐	☐

4.   Reviewer's comments:

5.   Program Manager's comments and actions taken:

Reviewer: | Date: | Program Mgr.: | Date: